



Communicable Disease and Epidemiology News

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Edited by Sherry Lipsky, PA-C, MPH

 **Public Health**
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.
Epidemiology, Prevention Division
First Interstate Center
999 Third Avenue, Suite 900
Seattle, WA 98104-4039

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HEP SQUAD

Public Health – Seattle & King County (PHSKC) is embarking on a campaign to raise awareness regarding the increased risk for hepatitis A and B among men who have sex with men (MSM). Each year in the U.S. up to 200,000 people become infected with hepatitis A, a preventable form of viral hepatitis. Although hepatitis A does not result in chronic infection, symptoms of hepatitis A can be severe, particularly in persons with other underlying liver disease such as hepatitis C infection. Major risk factors for hepatitis A infection include household or sexual contact with a person with hepatitis A infection, international travel to a country where hepatitis A is common, injecting drug use and sexual contact among MSM.

Cyclical outbreaks of hepatitis A occur regularly in urban areas of the United States among MSM. The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that sexually active MSM, both adolescents and adults, should be vaccinated against hepatitis A. Despite this recommendation, however, the majority of persons at highest risk for hepatitis A infection remain unprotected.

Between 1990 and 1998, approximately 25% (and possibly more) of hepatitis A cases in King County have been among MSM; for the years 1997 through 1998, the figure was 38%. The rate of hepatitis A among MSM in King County between 1990 and 1998 was approximately 17 times greater than for the U.S. population as a whole and ranged from six to 30 times greater depending on the year. A recent PHSKC survey of 462 MSM attending 1999 Seattle Gay Pride events found that only 27% had received the hepatitis A vaccine. Over one half of respondents with no history of hepatitis A reported that their health care provider had not offered or

discussed the hepatitis A vaccine with them. Conversely, persons whose health care provider *had* offered or recommended hepatitis A vaccine were over eight times more likely to have been immunized.

Among all adults, high-risk sexual activity is the most frequent route of transmission of hepatitis B virus. MSM are one of the highest risk groups for acquisition of hepatitis B and routine hepatitis B vaccination of MSM is recommended. Nevertheless, our Gay Pride survey found that only 45% of 472 MSM reported having received the hepatitis B vaccine and only 38% of MSM without a history of hepatitis B infection reported that their health care provider recommended the vaccine to them. Again, a recommendation from a health care provider resulted in a greater than three-fold increase in the likelihood of having received hepatitis B immunization.

Hepatitis vaccine coverage among high-risk persons can be significantly improved if health care providers take an active role in routinely recommending hepatitis A and B vaccines to their high-risk patients, including MSM. Through key informant interviews and focus groups we have learned that many persons at-risk may not be forthcoming about sexual behavior or injection drug use practices. Thus, special efforts should be considered to remove barriers related to disclosure of sensitive information wherever possible. For example, a health care provider might present the list of risk factors for hepatitis A and B to a patient and ask if any, *but not which*, risk factor is present. This strategy may also result in opportunities for risk reduction counseling related to other sexually transmitted diseases including HIV.

Both hepatitis A and B vaccines for high-risk adults are reimbursable by most health plans. Providers who do not offer immunization services are encouraged to direct their patients

to the PHSKC STD Hotline (206-205-7837) where they can be referred to appropriate immunization clinics in King County. Several Public Health and community clinics are offering a limited amount of free vaccine for uninsured high-risk adults. For additional information on accessing hepatitis vaccine and how to obtain reimbursement, call Drew Emery at 206-205-5799. If you have questions about prevention of viral hepatitis please call 206-296-4774.

VACCINE FOR KIDS

Streptococcus pneumoniae, also known as pneumococcus, is the most common bacterial cause of pneumonia, meningitis and acute otitis media in the U.S. and a leading cause of bacteremia in children. Worldwide, one to two million children die each year as a result of pneumococcal disease. In the U.S. there are approximately 16,000 cases of invasive pneumococcal disease each year among children under age five, costing the U.S. health care system an estimated \$1.5 billion annually. Pneumococcal disease is also a cause of significant illness and death among the elderly and persons with underlying medical conditions. Currently, the 23-valent polysaccharide vaccines available to protect against pneumococcal disease cannot be given to children under two years of age.

The first pneumococcal conjugate vaccine for the prevention of invasive pneumococcal disease in infants and young children was recommended for licensure by the Food and Drug Administration (FDA) on November 5, 1999. If licensed, Pneumococcal 7-valent Conjugate Vaccine (Diphtheria CRM₁₉₇ Protein) will be marketed as Prevenar by Wyeth Lederle Vaccines. The vaccine targets the seven serotypes of pneumococcal bacteria most prevalent in the U.S., which are also among the most common serotypes resistant to antibiotics.

In making its decision, the FDA Advisory Committee reviewed safety and efficacy data from numerous clinical trials including a large trial from Kaiser Permanente in California involving approximately 38,000 children monitored for up to three years after receiving the vaccine (Black, et al. Abstract LB-9, 38th ICAAC, San Diego, CA 1998:23). Although not yet published in peer reviewed literature, the manufacturers are reporting the conjugate vaccine to be extremely efficacious in preventing invasive pneumococcal disease among infants and children. The impact of the conjugate vaccine on acute otitis media remains under evaluation. The most frequently reported adverse events included injection site reactions, fever ($\geq 38^{\circ}$ C), irritability, drowsiness, restless sleep and decreased appetite.

On October 22, 1999, the ACIP voted unanimously to recommend Prevenar for routine use in all children up to age five, with priority use in specific populations. This recommendation is contingent upon FDA licensure of the vaccine and an additional review if any new safety or efficacy data become available. The recommendation stated that, in the event of resource or logistic constraints, immunization should be provided according to priority groups. The first priority group includes a) all children up to age 24 months, and b) children aged 24 to 59 months with sickle cell disease, functional or anatomic asplenia, immunocompromise including HIV infection, chronic illness, or who are Alaskan natives

or American Indians. The second priority group includes a) all healthy children aged 24-35 months, and b) children aged 36 to 59 months who are at increased risk for pneumococcal infection, including children who have experienced frequent or complicated episodes of acute otitis media during the previous year, children who are socially or economically disadvantaged, or children who attend group child care programs. The third priority group includes other children 36 to 59 months of age not included in the above groups.

The ACIP recommends that infants be given the vaccine in four doses at 2, 4, 6, and 12 to 15 months of age. Children 7 to 11 months of age receive three doses and children 12 to 23 months of age receive two doses. For children 2 years or older, only one dose is needed.

JUICE SOLUTION

Effective January 30, 2000, food service establishments in Washington State will be required to identify raw or unpasteurized fruit or vegetable juices served to the public for immediate service or as ready-to-eat. Federal rules already require a warning label on all unpasteurized juices sold in retail-size containers, such as closed bottles. Identification of the items will occur by writing it on the menu, labeling the product directly, or by using a clearly visible sign to notify patrons. "Unpasteurized juice" means fruit or vegetable juice that has not been specifically processed to prevent, reduce, or eliminate the presence of pathogens, either

through heat pasteurization or in another manner allowed under federal law.

The new juice labeling will hopefully make it easier for people at high risk of infection (the very young, the elderly, pregnant women, immunocompromised individuals, and those with certain underlying medical conditions) to make informed choices about the foods they consume. Please counsel your more vulnerable patients about ways they can reduce their risk of illness by their food choices while balancing their need for adequate nutrition.

VACCINE COURSE

Mark your calendars for CDC's live four-part satellite course, **Epidemiology and Prevention of Vaccine-Preventable Diseases**, scheduled for 9:00am-12:30pm March 23, 30, April 6 and 13, 2000. Health care providers who give immunizations and/or set policy for their clinics are encouraged to attend. Look for registration details in the next Epi-Log.

Report:	(area code 206)
AIDS	296-4645
Communicable Disease	296-4774
STDs	731-3954
Tuberculosis	731-4579
24-hr Report Line	296-4782
After hours	682-7321
Hotlines:	
CD Hotline	296-4949
HIV/STD Hotline	205-STDS

<http://www.metrokc.gov/health/>

REPORTED CASES OF SELECTED DISEASES SEATTLE-KING COUNTY 1999				
	CASES REPORTED IN DECEMBER		CASES REPORTED THROUGH DECEMBER	
	1999	1998	1999	1998
VACCINE-PREVENTABLE DISEASES				
Mumps	0	0	1	2
Measles	0	0	1	0
Pertussis	12	10	461	157
Rubella	0	3	2	4
SEXUALLY TRANSMITTED DISEASES				
Syphilis	11	12	71	41
Gonorrhea	77	72	922	975
Chlamydial infections	341	303	3949	3472
Herpes, genital	61	72	664	651
Pelvic Inflammatory Disease	16	20	253	231
Syphilis, late	7	4	51	28
ENTERIC DISEASES				
Giardiasis	11	15	197	254
Salmonellosis	20	12	272	211
Shigellosis	8	4	64	83
Campylobacteriosis	29	16	289	227
E.coli O157:H7	3	3	46	32
HEPATITIS				
Hepatitis A	19	6	222	384
Hepatitis B	6	2	47	53
Hepatitis C/non-A, non-B	1	1	9	7
AIDS	6	27	211	243
TUBERCULOSIS	12	10	105	128
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae	1	0	2	1
Meningococcal disease	3	1	24	15